

Name
in
Full12
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

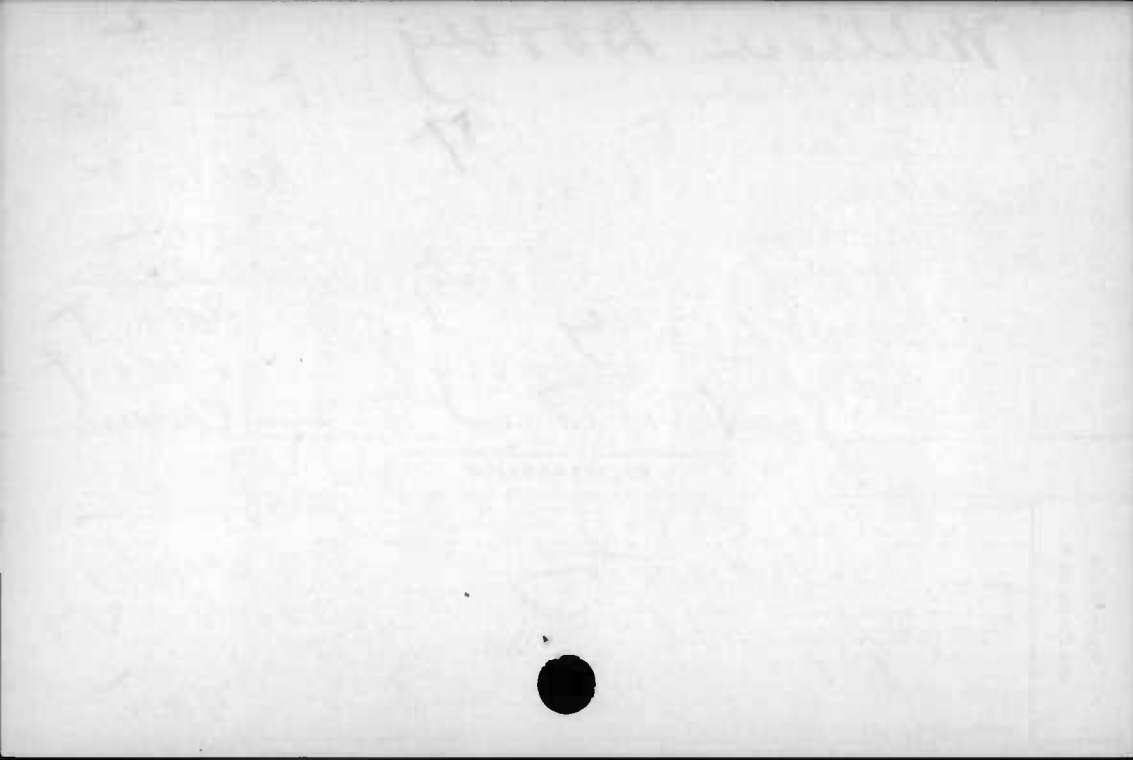
Died at <u>Muchae</u> Town		<u>Calvert</u> County		MARYLAND	
Date of death	1907	Month	Nov	Day	7
Age	72	Years		Months	
Sex	Female	Color or Race	Calvert	Birth-place	Calvert
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Married		Muriel Chase			
Father's Name	Do not know		Father's Birthplace	Calvert Co	
Mother's Maiden Name	Do not know		Mother's Birthplace	Calvert Co	
Name of person giving information	Thos Chase		How related to deceased	Grand son	

CAUSES OF DEATH

95

PHYSICIAN
OR CORONER

Primary	<u>Compulsion of Fungus</u>	How long	<u>2 days</u>
Immediate	<u>Compulsive Chills</u>	How long	<u>3 hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Prinson</u>
	<u>Yes</u>	Address	<u>Local Register</u>
Accident or Suicide?	<u>no -</u>		<u>Muchae</u>



Name
in
Full

William Dorsey

13
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Mutual ^{County} Calvert MARYLAND

Date of death 1907 ^{Month} Nov ^{Day} 8 ^{Age} 75 ^{Months} ^{Days}

Sex Male ^{Color or Race} Colored ^{Birthplace} Calvert

Occupation Farmer ^{Where Residing if not at place of death} at home

Married, Single or Widowed Married ^{Name of Wife or Husband} Charity Wilson

Father's Name Saml Dorsey ^{Father's Birthplace} Calvert

Mother's Maiden Name Charity Dorsey ^{Mother's Birthplace} Calvert

Name of person giving information James Wilson ^{How related to deceased} Cousin

CAUSES OF DEATH

1374

PHYSICIAN
OR CORONER

Primary Saml Dorsey ^{How long} ^{How long} 4 months

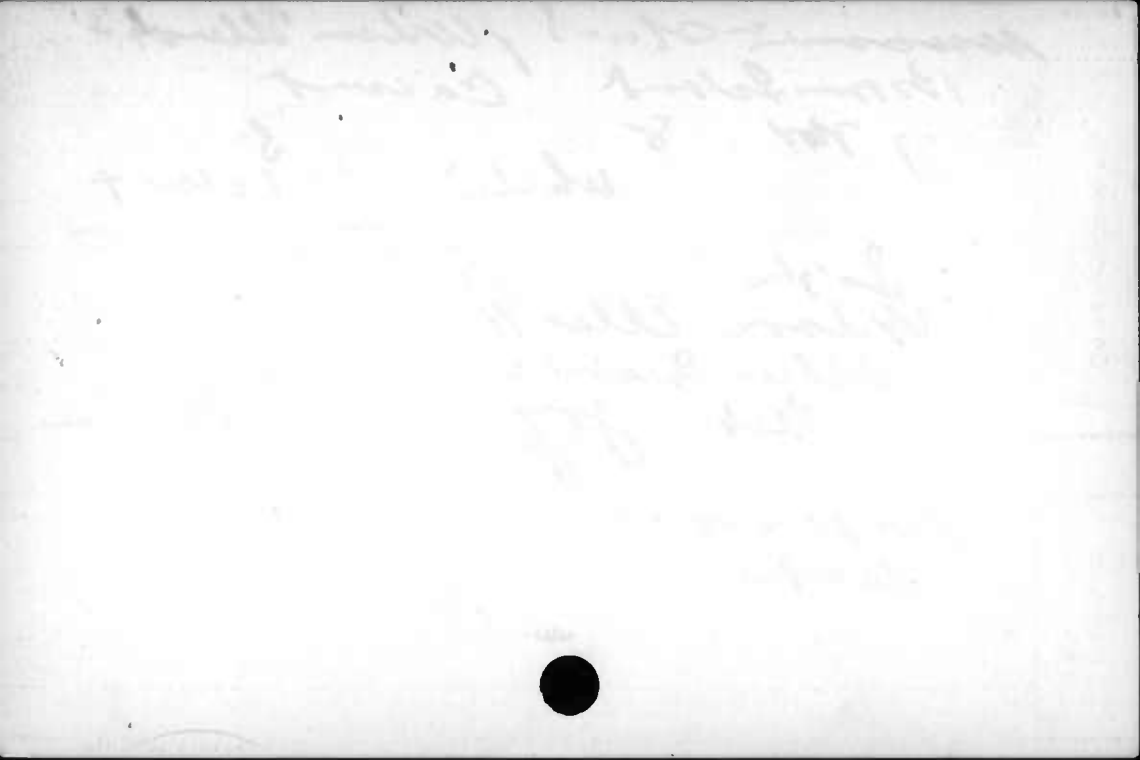
Immediate Exhaustion

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician P. P. Markham M.D.

Address Mutual

Accident or Suicide? None



Name
in
Full

14
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

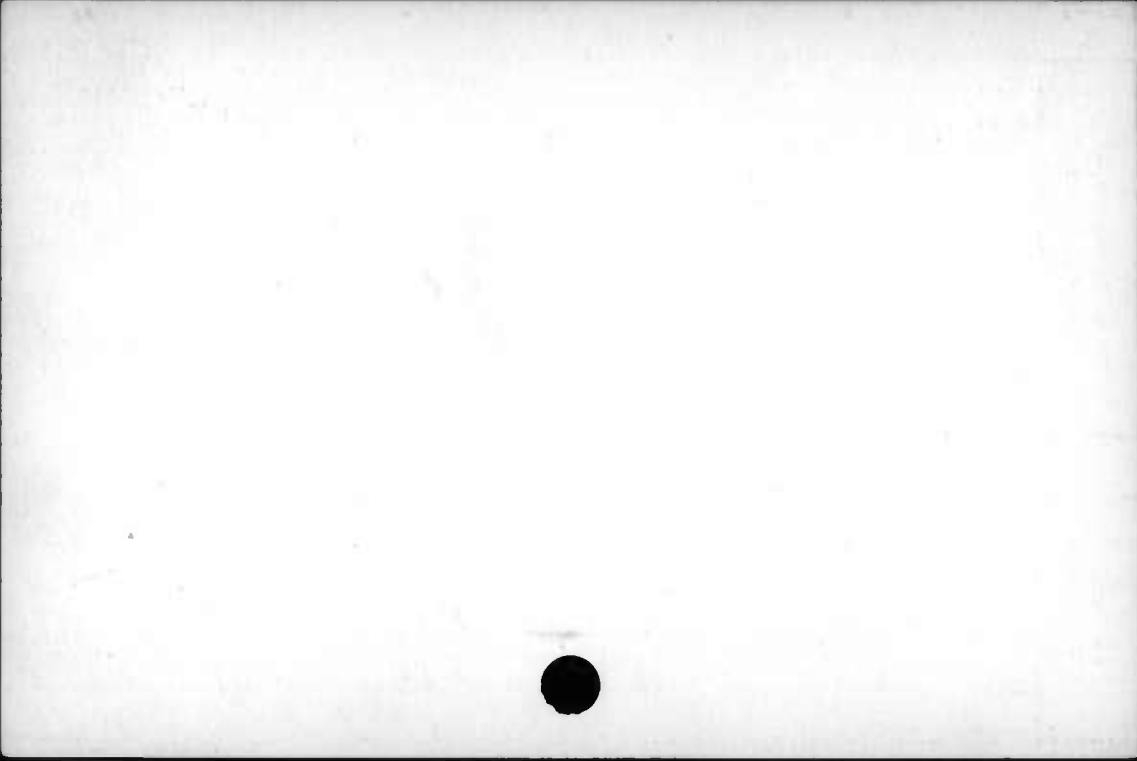
Died at <i>Brown Island</i>		County <i>Calvert</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Nov</i>	Day <i>8</i>	Age	Years	Months <i>5</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Calvert</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>			
Father's Name <i>William Elliott</i>			Father's Birthplace <i>Calvert Co</i>		
Mother's Maiden Name <i>Julia Seave</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Robert J. Jy -</i>			How related to deceased <i>Cousin</i>		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>Unknown</i>	How long
Immediate <i>Unknown</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of <i>P. Busan</i>
	Address <i>1014 Republic - Baltimore Md</i>
Accident or Suicide?	



Name
in
Full

Thomas Forland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Huntingtown</i>		Town		<i>Calvert</i>		County		MARYLAND	
Date of death		Month		Day		Years		Months	
1907		Nov		7				7	
Sex		Color or Race		Birthplace					
male		Black		Cal. Co.					
Occupation				Where Residing if not at place of death					
None									
Married, Single or Widowed				Name of Wife or Husband					
Father's Name				Father's Birthplace					
Isaac Forland				Cal. Co.					
Mother's Maiden Name				Mother's Birthplace					
Mamie Chew				Cal. Co.					
Name of person giving information				How related to deceased					
Isaac Forland				Father					

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary		How long	
Convulsions		1 day	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		J. W. Leitch	
		Address	
		Huntingtown	
		Md	
Accident or Suicide?			



Name
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Full

Infant not named *Harper*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
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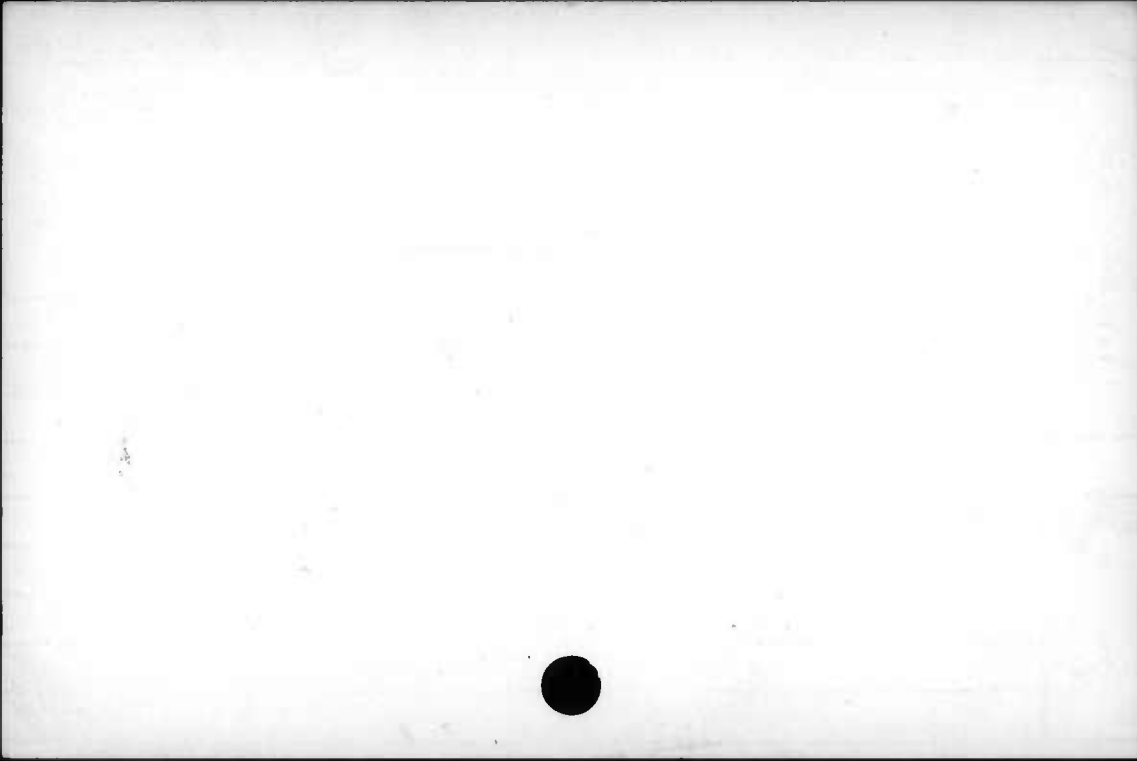
Died at <i>Brownsville</i> Town		<i>Calvert</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Nov</i>	Day <i>4</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Calvert Co</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John E Harper</i>		Father's Birthplace <i>Calvert Co</i>			
Mother's Maiden Name <i>Rosa A Williams</i>		Mother's Birthplace <i>" "</i>			
Name of person giving Information <i>John E Harper</i>		How related to deceased <i>father</i>			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Permeation birth</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. F. Lusky</i>
<i>J</i>	Address <i>Brownsville</i>
Accident or Suicide? <i>—</i>	



Name
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Joseph Julius Howard

CERTIFICATE OF DEATH

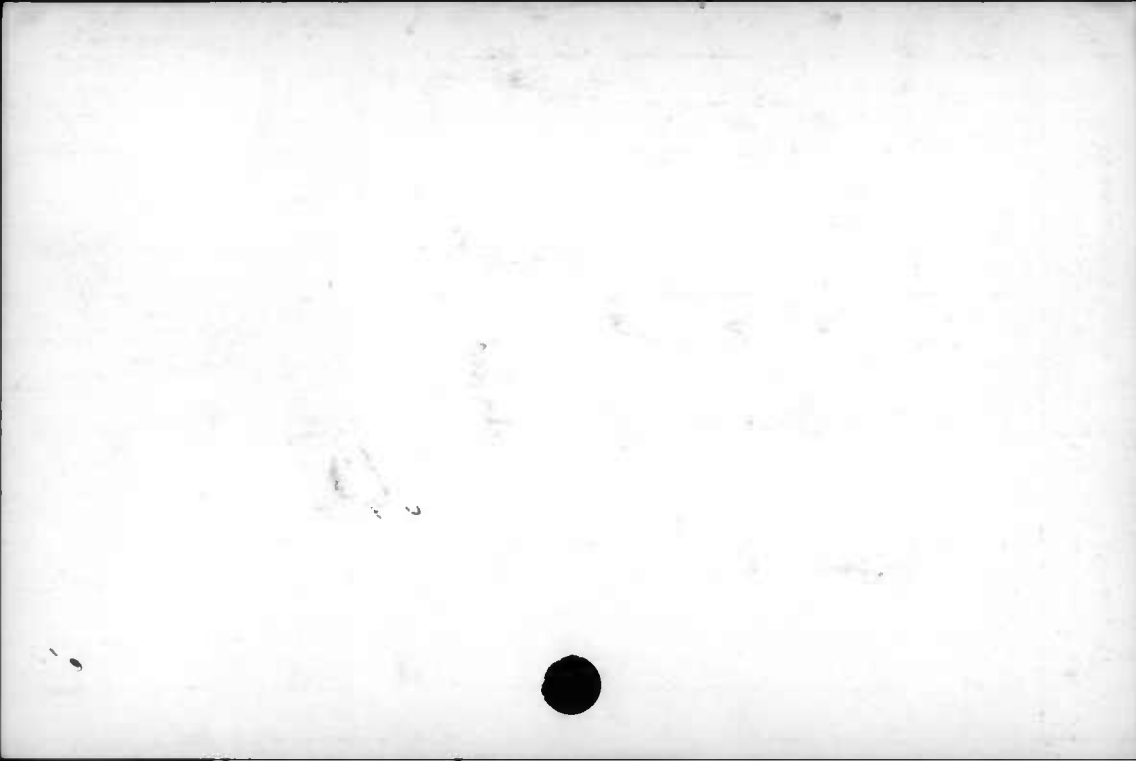
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Tragin</i> Town		<i>Calvert</i> County		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Nov-</i>	Day	<i>7</i>
Age		Years		Months	Days
<i>9</i>		<i>9</i>		<i>6</i>	<i>-</i>
Sex	<i>male</i>		Color or Race	<i>Colored</i>	
Occupation	<i>None</i>		Birth-place	<i>Calvert Co md</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband	<i>—</i>	
Father's Name	<i>Joseph Howard</i>			Father's Birthplace	<i>Calvert Co md</i>
Mother's Maiden Name	<i>Henrietta Jones</i>			Mother's Birthplace	<i>Calvert Co md</i>
Name of person giving information	<i>Joseph Howard</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

Primary	<i>Typhoid Fever</i>	How long	<i>about 5 weeks</i>
Immediate	<i>Intestinal Perforation</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Geo. F. Chambers, M.D.</i>
		Address	<i>Luxby, Calvert Co md</i>
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name
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Full

Caroline Johnson

16
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

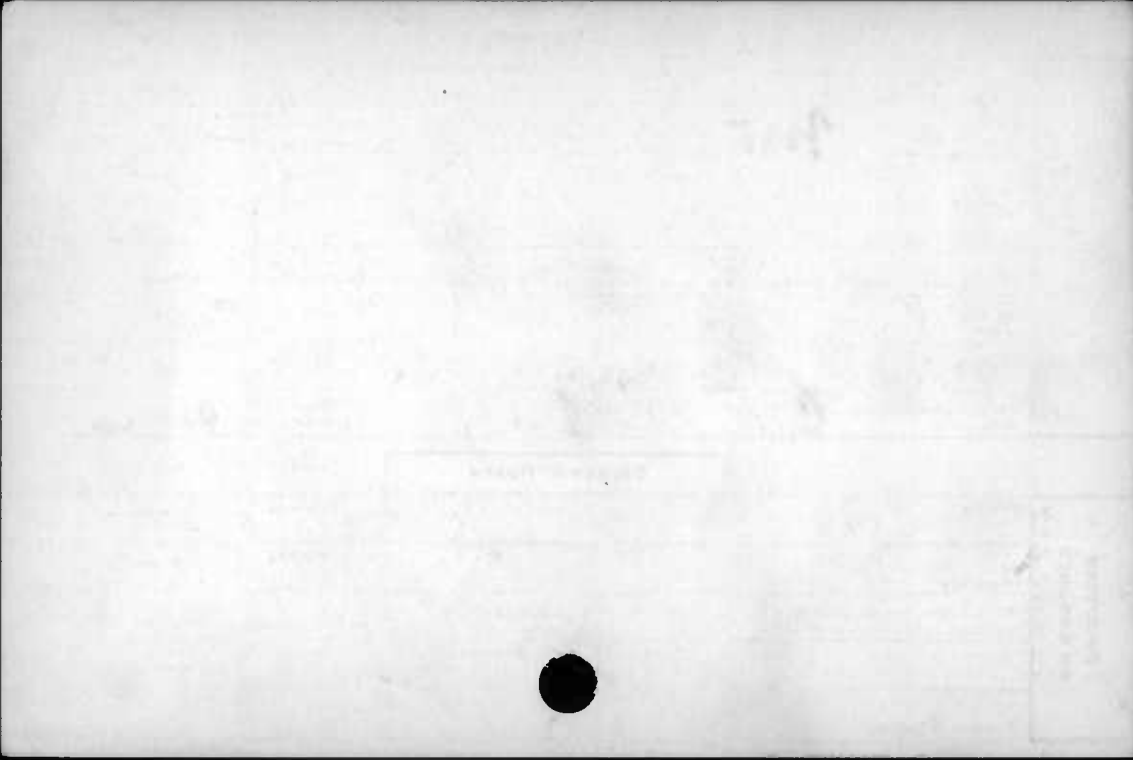
Died at <u>Mt Air</u> ^{Town}		<u>Calvert</u> ^{County}		MARYLAND	
Date of death	<u>1907</u>	Month <u>Nov</u>	Day <u>29</u>	Age <u>72</u> Years	Months <u>—</u> Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Calvert</u>		
Occupation <u>housewife</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Married Johnson</u>			
Father's Name <u>James A. Johnson</u>		Father's Birthplace <u>Calvert</u>			
Mother's Maiden Name <u>James Anderson</u>		Mother's Birthplace <u>Calvert</u>			
Name of person giving information <u>C H Dooty</u>		How related to deceased <u>none</u>			

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<u>Serious illness</u>	How long	<u>4 months</u>
Immediate	<u>Exhaustion</u>	How long	<u>2 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>R. B. Brown</u>	
		Address <u>Local Pharmacy</u>	
Accident or Suicide?		<u>none</u>	



Name
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CERTIFICATE OF DEATH

John Horace Johnson Jr.
 Town *Lnoby* County *Calvert*

MARYLAND

Died at *Lnoby*
 Date of death *1907 Nov. 27* Age *3* Months *—* Days *—*

Sex *male* Color or Race *Colored* Birthplace *Calvert Co*

Occupation *None* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *John Horace Johnson* Father's Birthplace *Calvert Co Md*

Mother's Maiden Name *Emma Smith* Mother's Birthplace *Calvert Co Md*

Name of person giving information *Joe Smith* How related to deceased *Brother*

CAUSES OF DEATH

167

Primary *Drowned* How long *About 36 hours*

Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

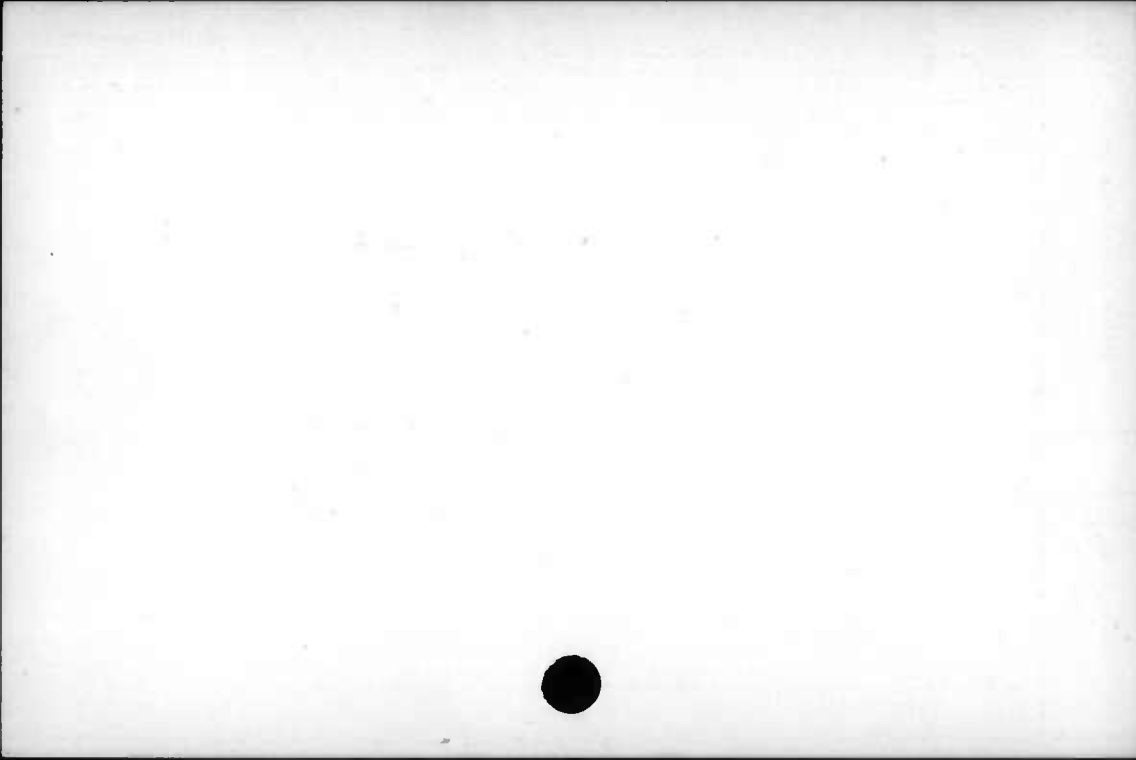
Signature of Physician *Dr. F. Chambers M.D.*

Address *Lnoby, Calvert Co, Md.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
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Full

Robert Offer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

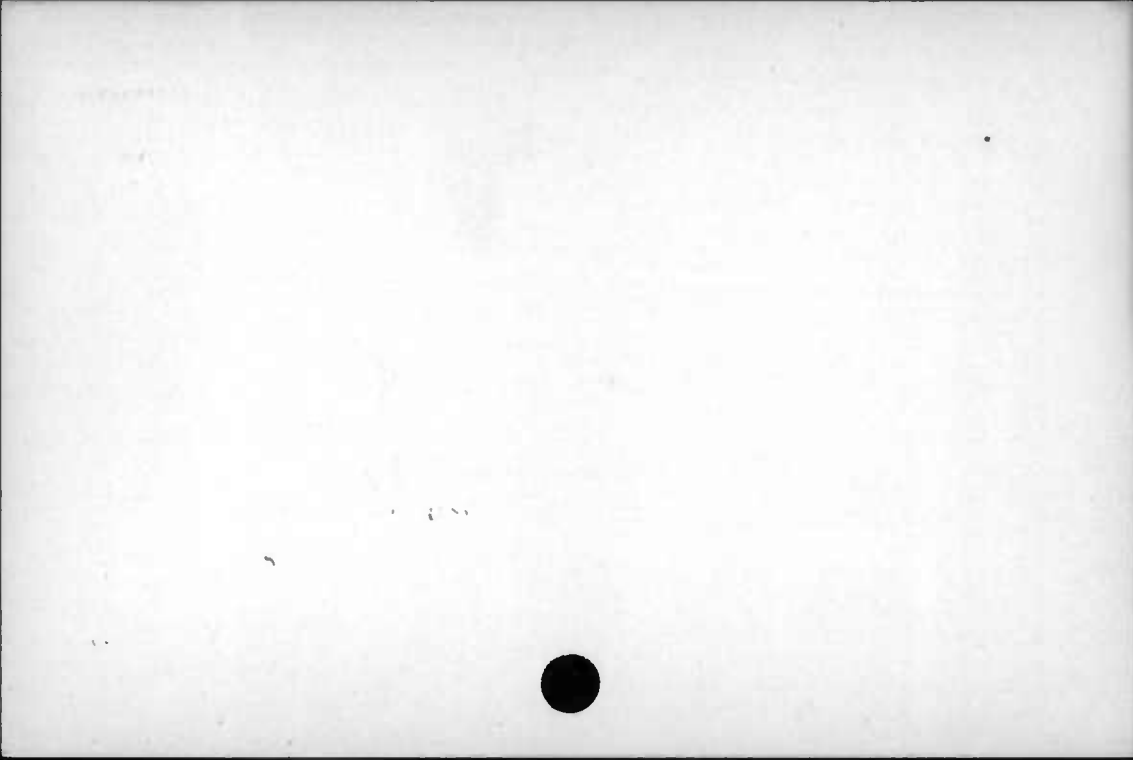
Died at <i>Huntingtown</i> Town		<i>Calvert</i> County		MARYLAND	
Date of death	1907	Month	Nov	Day	1
Age		Years		Months	3
Sex	Male	Color or Race	Black	Birth place	Cal. les
Occupation	None		Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name	Ernest Offer			Father's Birthplace	Cal. les
Mother's Maiden Name	Victoria Ireland			Mother's Birthplace	" "
Name of person giving information	Ernest Offer			How related to deceased	Father

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<i>Vomiting</i>	How long	
Immediate	"	How long	Since birth
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>J. W. Fitch</i>
		Address	<i>Huntingtown</i>
Accident or Suicide?			



Name
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Full

James H. Sewell

15
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

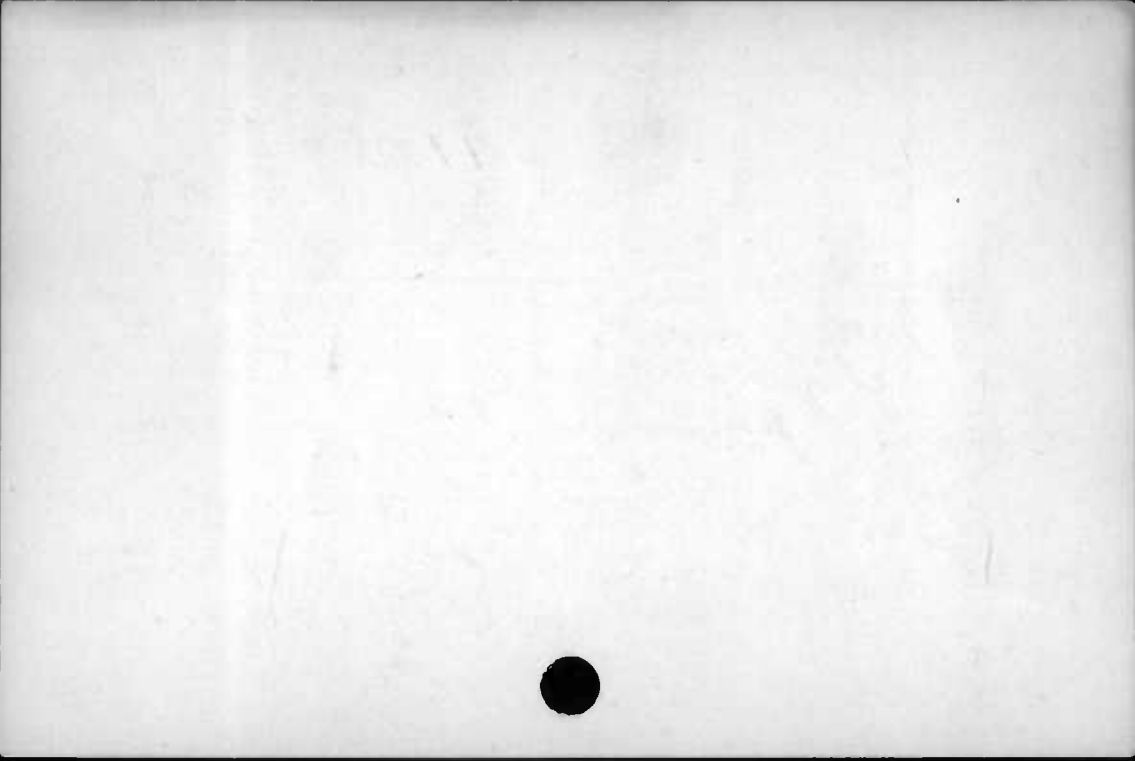
Died at		Town		County		MARYLAND	
Date		Month		Day		Years	
of death		1907		Nov		29	
Sex		Male		Color or Race		White	
Occupation		oysterman		Where Residing if not at place of death		Tallot Co	
Married, Single or Widowed		Widowed		Name of Wife or Husband		Margaret J. Cummings	
Father's Name		James Sewell		Father's Birthplace		Tallot Co. Md.	
Mother's Maiden Name		Elizabeth Borkholtz		Mother's Birthplace		—	
Name of parson giving information		Jos. Sewell		How related to deceased		Son	

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	Sudden Decay	How long	1 year
Immediate	Exhaustion	How long	17 mt
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
D		O. Buson	
Accident or Suicide?		Address	



Name
in
Full

Robert Taylor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Sellers Town Calvert County

Date of death 1907 Nov 9 Age — 9 Months — Days —

Sex Male Color or Race Colored Birth-place Calvert Co

Occupation None Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name Fred Taylor Father's Birthplace Calvert Co Md

Mother's Maiden Name Estelle J. Lyson Mother's Birthplace Calvert Co Md

Name of person giving information Will Jefferson How related to deceased Uncle

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary Bronchitis How long From birth

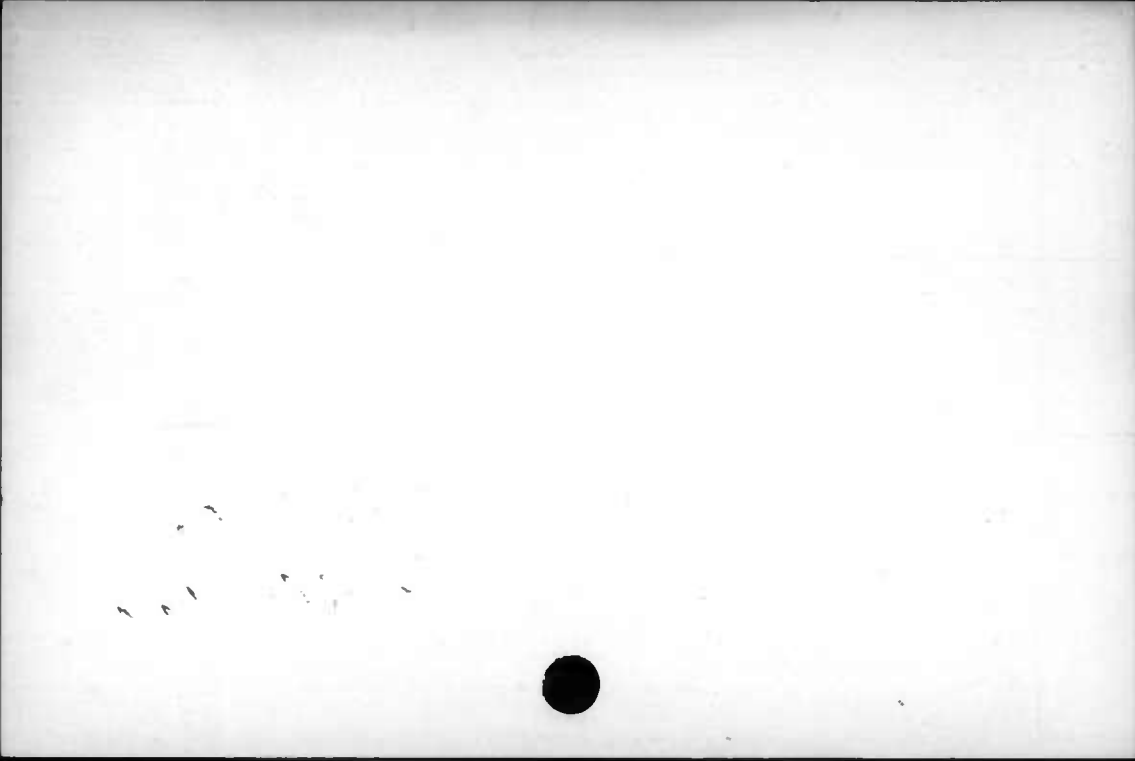
Immediate — How long —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Geo F Chambers

Address Sub-registered 1374
Lucy, Calvert Co, Md.

9 Accident or Suicide? —



Name
in
Full

Robert Torrey Jr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Fragin* Town *Calvert* CountyDate of death 190 *7* Month *Nov.* Day *24* Age *—* Years Months *3* Days *—*Sex *Male* Color or Race *Colored* Birth-place *Calvert Co md*Occupation *None* Where Residing if not at place of deathMarried, Single or Widowed *Single* Name of Wife or HusbandFather's Name *Robert Torrey*Father's Birthplace *Calvert Co md*Mother's Maiden Name *Annie F Foltz*Mother's Birthplace *Calvert Co md*Name of person giving information *Robert Torrey*How related to deceased *Father*

CAUSES OF DEATH

1105

Primary *Ectopic*How long *about 1 week*Immediate *Spasms*

How long

Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Dr. F. Chambers md*Address *Luxby, Calvert Co, md*PHYSICIAN
OR CORONER*2*
~~Accident or Suicide?~~

